

STATE: MINNESOTA
Effective: July 1, 1999
TN: 99-15
Approved: Dec. 22, 1999
Supersedes: 97-21

ATTACHMENT 4.19-B
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- 19.a. **Case management services** as defined in, and to the group specified in, **Supplement 1** to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act. (continued)

The two rates represent one month's worth of eligible mental health case management activity. Only one claim per client is allowed per calendar month for mental health case management services provided by county and state staff. The rate is the same for medical assistance-eligible and non-medical assistance eligible clients. All of the following conditions must be met in order for a claim to be made:

- the client must be eligible for medical assistance;
- the client received mental health case management services in that month; and
- all documentation requirements are met.

The rate will be reviewed and updated annually, using the most current, available data.

Rate Formula:

CP = Average Monthly Social Services Cost Pool for the most recent year for that class of providers

P = Percentage of eligible mental health case management time as identified on the most recent year of the SSTS for that class of providers

N = Monthly Average number of clients receiving mental health case management services for that class for providers using the most recent year's worth of data

(CP x P) = Monthly costs of providing targeted mental health case management (TCM) services for that class of providers

TCM/N = TCM monthly rate for that class of providers

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- 19.b. Child welfare-targeted case management services as defined in, and to the group specified in, Supplement 1a to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

The monthly rate is based on an aggregate of time spent performing all elements of case management services.

Payment is based on:

- a. A face-to-face contact at least once per month between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient.
- b. A telephone contact, for Minnesota recipients placed outside the county of financial responsibility in an excluded time facility under Minnesota Statutes, section 256G.02, subdivision 6, or through the Interstate Compact on the Placement of Children, Minnesota Statutes, section 257.40, and the placement in either case is more than 60 miles beyond the county boundaries. The telephone contact must be between the case manager and the recipient or the recipient's family, primary caregiver, legal representative, or other relevant person identified as necessary to the development or implementation of the goals of the individual service plan in regard to the status of the recipient, the individual service plan, or goals for the recipient. There must be at least one contact per month and not more than two consecutive months without a face-to-face contact as described in item a., above.

The monthly rate for child-welfare targeted case management services provided by entities under contract with a county or tribal social services is based on the monthly rate negotiated by the county or tribal social services. The negotiated rate must not exceed the rate charged by the entity for the same service to other payers.

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- 19.b. Child welfare-targeted case management services as defined in, and to the group specified in, Supplement 1a to Attachments 3.1-A/B (in accordance with section 1905(a)(19) or section 1915(g) of the Act. (continued)
- a. If the service is provided by a team of contracted vendors, the county or tribal social services may negotiate a team rate with a vendor who is a member of the team. The team must determine how to distribute the rate among its members.
- b. If the service is provided by a team that includes contracted vendors and county or tribal social services staff, the costs for county or tribal social services staff participation in the team must be included in the rate for county or tribal social services-provided services. In this case, the contracted vendor and the county or tribal social services may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, each entity must document, in the recipient's file, the need for team child-welfare targeted case management and a description of the roles of the team members.

Rate Methodology for County Staff:

A statistically valid random moment time study, Minnesota's Social Service Time Study (SSTS), is used to construct a monthly rate for ~~this case management service~~ (child welfare-targeted case management). The SSTS separates a case manager's time into a number of categories which constitute allowable case management activities and other, unallowable activities. The proportion of allowable to total activities, when multiplied by the over-all provider costs establishes the costs of case management activity.

The percentage of time spent by service staff on allowable child welfare-targeted case management services is applied to quarterly costs of providing social services, and divided by three to arrive at the eligible cost per month. This figure is divided by the average number of clients who received case management services per month. The result is the rate used for child welfare-targeted case management. This process is repeated so that valid rates can be established for each class of providers. The SSTS will be valid at each class.

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- 19.b. Child welfare-targeted case management services as defined in, and to the group specified in, Supplement 1a to Attachments 3.1-A/B (in accordance with section 1905(a) (19) or section 1915(g) of the Act. (continued)

The rate represents one month's worth of eligible child welfare-targeted case management activity and only one claim is allowed per calendar month. The rate is the same for MA-eligible and non-MA-eligible children. In the payment process, all of the following conditions must be met in order for a claim to be made:

- A. the child is a MA recipient;
- B. the child received child welfare-targeted case management services that month; and
- C. all documentation requirements are met.

The rate will be reviewed and updated annually, using the most current, available data.

Rate Formula:

CP = Average Quarterly Social Service Cost Pool for the most recent year for that class of providers

P = Percentage of eligible targeted case management time as identified on the most recent year of the SSTs for that class of providers

N = Monthly Average number of children receiving case management services for that class of providers using the most recent year's worth of data

$(CP/3 \times P) =$ Monthly costs of providing child welfare-targeted case management (TCM) for that class of providers

$TCM/N =$ CW-TCM monthly rate for that class of providers

Pursuant to page 1 of this Attachment, IHS/638 facilities providing child welfare-targeted case management services are paid at the rates published by the Indian Health Service in the Federal Register.

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20. Extended services to pregnant women.

See items 20.a. and 20.b.

20.a. Pregnancy-related and postpartum services for 60 days
after the pregnancy ends.

Payment was derived from the additional costs of
delivering these services above and beyond the global
prenatal care package. ~~The following rates are increased
by 26.5%.~~

		<u>Base Rate</u>
(1)	Prenatal Risk Assessment	\$5.25 <u>\$5.40</u>
(2)	At Risk Antepartum Management	\$63.00 <u>\$64.89</u>
(3)	Care Coordination	\$25.20 <u>\$25.95</u>
(4)	Prenatal Health Education I	\$63.00 <u>\$64.89</u>
(5)	Prenatal Health Education II	\$53.55 <u>\$55.15</u>
(6)	Prenatal Nutrition Education	\$15.75 <u>\$16.22</u>
(7)	At Risk Follow-Up Home Visit	\$51.26 <u>\$52.79</u>
(8)	Enhanced Package	\$271.76 <u>\$279.91</u>

The base rates are increased by 26.5%.

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20.b. Services for any other medical conditions that may
complicate pregnancy.

~~Payment is as specified for~~ Providers are paid in
accordance with the specific services methodology set
forth elsewhere in this Attachment.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Not provided.

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22. Respiratory care services (in accordance with section
1902(e)(9)(A) through (C) of the Act.

Not provided.